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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

I hereby appoint:

Practitioners at Customer Number



Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price			
Address	Baxter Healthcare Corporation - Fenwall Division, RLP-30			
Address	P.O. Box 490 - Route 120 & Wilson Road			
City	Round Lake	State	Illinois	Zip 60073
Country	USA			
Telephone	(847) 270-2632	Fax	(847) 270-2658	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	William H. Cork
Signature	
Date	9/17/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 6 forms are submitted.

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Name	Mark C. Weber
Signature	
Date	9/17/01

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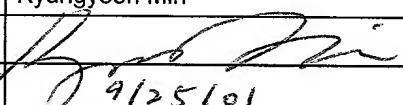
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SIGNATURE of Applicant or Assignee of Record

Name	Kyungyo Min
Signature	
Date	04/25/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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SIGNATURE of Applicant or Assignee of Record

Name	James J. Ulmes
Signature	
Date	9/28/2001

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SIGNATURE of Applicant or Assignee of Record

Name	Richard L. West
Signature	
Date	10/9/01

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Application Number	
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First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

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OR

Practitioner(s) named below:

Name	Registration Number
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Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

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OR

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Address	P.O. Box 490 - Route 120 & Wilson Road			
City	Round Lake	State	Illinois	Zip 60073
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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Ying-Cheng Lo
Signature	
Date	1-6-02-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name Bradford R. L. Price

Baxter Healthcare Corporation

Fenwal Division, RLP-30

Address P.O. Box 490 - Route 120 & Wilson Road

City Round Lake

State IL

ZIP 60073

Country USA

Telephone (847) 270-2632

Fax (847) 270-2658

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) William H.

Family Name
or Surname Cork

Inventor's
Signature

Date

9/17/01

Residence: City Lake Bluff

State IL

State Illinois

Country USA

Citizenship USA

Mailing Address 439 W. Sheridan Place

City Lake Bluff

State Illinois

ZIP 60044

Country USA

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) James J.

Family Name
or Surname Ulmes

Inventor's
Signature

Date

10/10/01

Residence: City Lake Zurich

State IL

State Illinois

Country USA

Citizenship USA

Mailing Address 575 Cortland Drive

City Lake Zurich

State Illinois

ZIP 60047

Country USA

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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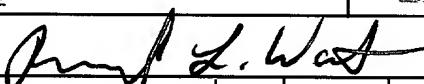
PTO/SB/02A (3-97)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
<u>Richard L.</u>				<u>West</u>				
Inventor's Signature							Date	<u>10/9/01</u>
Residence: City	<u>Lake Villa</u>	<u>I.L.</u>	State	<u>Illinois</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address	<u>37162 N. Lake Shore Drive</u>							
Post Office Address								
City	<u>Lake Villa</u>	State	<u>Illinois</u>	ZIP	<u>60046</u>	Country	<u>USA</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
<u>Ying-Cheng</u>				<u>Lo</u>				
Inventor's Signature							Date	<u>10-02-01</u>
Residence: City	<u>Green Oaks</u>	<u>I.L.</u>	State	<u>Illinois</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address	<u>225 Fox Run Road</u>							
Post Office Address								
City	<u>Green Oaks</u>	State	<u>Illinois</u>	ZIP	<u>60048</u>	Country	<u>USA</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
<u>Mark C.</u>				<u>Weber</u>				
Inventor's Signature							Date	<u>9/17/01</u>
Residence: City	<u>Algonquin</u>	<u>I.L.</u>	State	<u>Illinois</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address	<u>800 Birch Street</u>							
Post Office Address								
City	<u>Algonquin</u>	State	<u>Illinois</u>	ZIP	<u>60102</u>	Country	<u>USA</u>	

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

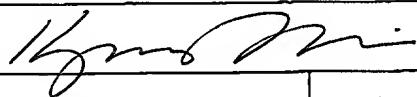
Given Name (first and middle [if any])

Family Name or Surname

Kyungyoон

Min

Inventor's
Signature



Date Dec 10, 2001

Residence: City Gurnee IL

State IL

Country USA

Citizenship South Korea

Mailing Address

Mailing Address 7267 Clem Drive

City Gurnee

State IL

ZIP 60031

Country USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

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Family Name or Surname

Inventor's
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Residence: City

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